



6400 EL VERDE ROAD, LEON VALLEY, TX. 78238-2399
(210) 684-1391 EXT. 224 i (210) 684-6988 FAX

SEWER ADJUSTMENT REQUEST

Please complete the request form and return to Leon Valley City Hall. A receipt of repairs must be attached. The form will be processed in the order that it is received. You will be notified if the request has been granted or declined. Deadline for submitting a sewer adjustment request is M ay 1st.

NAME _____

DATE _____

ADDRESS _____

TELEPHONE # _____ ACCOUNT # _____

CAUSE OF LEAK _____

LOCATION OF LEAK _____

REASON FOR ADJUSTMENT REQUEST _____

DATE LEAK WAS NOTICED DATE REPAIRED _____

WHO MADE REPAIRS? OWNER ' PLUMBER '

*****NOTE A CO PY OF PLUM BER'S BILL OR RECE IPT MUST BE A
TTACHED*****

PLEASE CONSIDER MY REQUEST FOR ADJUSTMENT. ALL INFORMATION IS
TRUE AND CORRECT.

SIGNED _____

FOR OFFICE USE ONLY

SECOND REVIEW DATE REQUEST RECEIVED _____

CONSUMPTION HISTORY DECLINED ' APPROVED '

NOTES _____

AVERAGE RECOMMEND ADJUSTMENT _____